

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2005**Open to Public  
Inspection**A** For the 2005 calendar year, or tax year beginning **APR 1, 2005** and ending **MAR 31, 2006****B** Check if applicable

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**INTERNATIONAL UNION OF POLICE ASSOCIATIONS, AFL-CIO**

Number and street (or P O box if mail is not delivered to street address)

**1549 RINGLING BOULEVARD**

Room/suite

**600**

City or town, state or country, and ZIP + 4

**SARASOTA, FL 34236-6772****D** Employer identification number**52-1139564****E** Telephone number**941-487-2560****F** Accounting method☒ Cash ☐ Accrual  
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**H and I are not applicable to section 527 organizations****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.IUPA.ORG****J** Organization type (check only one) ☒ 501(c) ( 5 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **6,758,183.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	<b>3,758,181.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>3,758,181.</b> noncash \$ )			<b>1d</b>	<b>3,758,181.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>55,765.</b>
	<b>3</b> Membership dues and assessments			<b>3</b>	<b>2,875,968.</b>
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	<b>6,420.</b>
	<b>5</b> Dividends and interest from securities			<b>5</b>	<b>19,332.</b>
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>1,800.</b>		
<b>b</b> Less rental expenses	<b>6b</b>				
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	<b>1,800.</b>	
<b>7</b> Other investment income (describe ▶ )			<b>7</b>		
<b>Expenses</b>	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>	<b>10,156.</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>	<b>-10,156.</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	<b>STMT 2</b>	<b>8d</b>	<b>-10,156.</b>
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	<b>40,717.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>6,748,027.</b>	
<b>Net Assets</b>	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>2,386,343.</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>1,318,745.</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<b>3,242,876.</b>
	<b>16</b> Payments to affiliates (attach schedule) <b>SEE STATEMENT 3</b>			<b>16</b>	<b>263,755.</b>
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>7,211,719.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>-463,692.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>868,491.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>			<b>20</b>	<b>43,556.</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>448,355.</b>	

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02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

**INTERNATIONAL UNION OF POLICE  
ASSOCIATIONS, AFL-CIO**

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**Part II Statement of  
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>66,055.</u> noncash \$ <u>0.</u> If this amount includes foreign grants, check here <input type="checkbox"/>	22 66,055.	66,055.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule)	23 4,980.	4,980.	STATEMENT 8	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 533,108.	254,352.	238,510.	40,246.
26 Other salaries and wages	26 493,941.	170,047.	302,134.	21,760.
27 Pension plan contributions	27 90,821.	37,529.	47,809.	5,483.
28 Other employee benefits	28 171,957.	71,057.	90,518.	10,382.
29 Payroll taxes	29 77,816.	32,155.	40,963.	4,698.
30 Professional fundraising fees	30 3,116,281.			3,116,281.
31 Accounting fees	31 25,805.		25,805.	
32 Legal fees	32 23,821.	23,821.		
33 Supplies	33 42,317.	17,486.	22,277.	2,554.
34 Telephone	34 54,097.	22,354.	28,477.	3,266.
35 Postage and shipping	35 53,558.	22,131.	28,194.	3,233.
36 Occupancy	36 363,324.	150,133.	191,255.	21,936.
37 Equipment rental and maintenance	37 36,662.	15,149.	19,300.	2,213.
38 Printing and publications	38 50,573.	50,573.		
39 Travel	39 22,135.	22,135.		
40 Conferences, conventions, and meetings	40 275,864.	204,083.	71,781.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 30,916.	12,775.	16,274.	1,867.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 5	43g 1,413,933.	1,209,528.	195,448.	8,957.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 6,947,964.	2,386,343.	1,318,745.	3,242,876.

**Joint Costs.** Check ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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\*\* SEE STATEMENT 6

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**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
LABOR UNION	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> TO PROVIDE ORGANIZING OF LAW ENFORCEMENT OFFICERS, FORMATION OF LOCAL UNIONS, REGIONAL OR STATE COUNCILS, & PROVINCIAL AND FOREIGN AFFILIATIONS TO BARGAIN FOR JUST COMPENSATION AND BETTER BENEFITS FOR APPROXIMATELY 50,400 MEMBERS.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,357,439.
<b>b</b> ORGANIZED AND PRESENTED THE THIRD ANNUAL BENEFITS CONFERENCE IN MARCH 2006. CONFERENCE TOPICS INCLUDED MANAGING PENSION FUNDS, EXPANDING AND NEGOTIATING PENSIONS AND BENEFITS, AND PROTECTING PENSION FUNDS.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28,904.
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,386,343.

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**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	152,553.	45	185,117.
	46 Savings and temporary cash investments	400,676.	46	36,529.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b		47c
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees	7,099.	50	3,008.
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	213,471.	54	113,471.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b		55c
56 Investments - other SEE STATEMENT 9	427,595.	56	584,242.	
57 a Land, buildings, and equipment: basis	57a	204,490.		
b Less: accumulated depreciation STMT 10	57b	89,985.	57c	
58 Other assets (describe ► SECURITY DEPOSITS)	11,774.	58	17,494.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	1,300,076.	59	1,054,366.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► SEE STATEMENT 11)	431,585.	65	606,011.
66 <b>Total liabilities.</b> Add lines 60 through 65)	431,585.	66	606,011.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	868,491.	67	448,355.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	868,491.	73	448,355.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,300,076.	74	1,054,366.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	6,801,739.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	43,556.	
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	43,556.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	6,758,183.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify): <b>LOSS ON DISPOSAL OF ASSETS</b>	<b>d2</b>	-10,156.	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	-10,156.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	6,748,027.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	7,221,875.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify): <u>LOSS ON DISPOSAL OF ASSETS</u>	<b>b4</b>	10,156.	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	10,156.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	7,211,719.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	7,211,719.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

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**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued)

Yes	No
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**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued)

20

75b

X

75c

**X**

75d

**X**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

<b>Part VI</b>	<b>Other Information</b> (See the instructions)
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	Yes	No
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76

**X**

77

**X**

N/A

78a

	X

79

**X**

80a

**X**

81a

0

81b

**X**

For

**[200**

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed ▶ SEE STATEMENT 15		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	22
91 a	The books are in care of ▶ TIMOTHY A. SCOTT, SECRETARY-TREASUR Telephone no ▶ 941-487-2560 Located at ▶ 1549 RINGLING BOULEVARD, 6TH FLOOR, SARASOTA, FL ZIP + 4 ▶ 34236-6772		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		N/A

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**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
a CONVENTION/CONFERENCE					55,765.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					2,875,968.
<b>95</b> Interest on savings and temporary cash investments			14	6,420.	
<b>96</b> Dividends and interest from securities			14	19,332.	
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property	531120	1,800.			
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			01	-10,156.	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
a ROYALTY INCOME			15	39,272.	
b MISCELLANEOUS			01	1,445.	
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		1,800.		56,313.	2,931,733.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					2,989,846.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 16

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no	

Signature of officer: Sam A. Cabral Date: 8/11/06 Type or print name and title: Sam A. Cabral

Preparer's signature: [Signature] Date: 08/10/06 Check if self-employed ☐ Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: MAV & BARNHARD, PC, CPA  
4840 CORDELL AVENUE  
BETHESDA, MD 20814

EIN: \_\_\_\_\_ Phone no: (301) 656-5794



2005 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
90	BUILDINGS (D) BUILD-OUT (4TH FLOOR)	050100SL		6.00	16	18,855.			18,855.	15,453.		2,095.
132	(D) LEASEHOLD IMPROVEMENTS (GEN COUN)	033104SL		6.00	16	3,353.			3,353.	559.		373.
	* 990 PAGE 2 TOTAL BUILDINGS					22,208.		0.	22,208.	16,012.	0.	2,468.
9	FURNITURE & FIXTURES DISPLAY FURNITURE & EQUIPMENT	063091SL		7.00	16	3,312.			3,312.	3,312.		0.
14	TYPEWRITER	090192SL		7.00	16	594.			594.	594.		0.
17	DISPLAY CASE (D) MISC OFFICE	033193SL		7.00	16	320.			320.	320.		0.
25	FURNITURE	013195SL		7.00	16	2,221.			2,221.	2,218.		0.
29	CONFERENCE TABLE	081095SL		7.00	16	647.			647.	642.		0.
308	CHAIRS	081095SL		7.00	16	1,068.			1,068.	1,068.		0.
32	CONFERENCE ROOM SIDE TABLE	081095SL		7.00	16	104.			104.	104.		0.
34	(D) OFFICE FURNITURE	082395SL		7.00	16	178.			178.	178.		0.
55	(D) 2 TELEPHONES (LEASE)	122795SL		5.00	16	915.			915.	915.		0.
65	OFFICE FURNITURE	053197SL		7.00	16	1,192.			1,192.	1,192.		0.
73	2 LATERAL 4-DRAWER FILES	121198SL		7.00	16	840.			840.	760.		80.
74	(D) OFFICE FURNITURE (MARLAINA'S)	010899SL		7.00	16	533.			533.	475.		51.
75	(D) FURNITURE	121598SL		7.00	16	756.			756.	684.		72.

528102  
01-06-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## 2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
77	OFFICE FURNITURE	042499SL		7.00	16	2,132.			2,132.	1,804.		305.
84(D)	CONFERENCE TABLE	053000SL		7.00	16	5,233.			5,233.	3,615.		498.
85	SOFA	082300SL		7.00	16	1,807.			1,807.	1,183.		258.
86	CONFERENCE ROOM CHAIRS	082800SL		7.00	16	4,999.			4,999.	3,273.		714.
87	DESK UNIT (RICHIE)	110100SL		7.00	16	1,914.			1,914.	1,206.		273.
116	FURNITURE (GEN COUNSEL)	013004SL		7.00	16	2,357.			2,357.	393.		337.
117	LATERAL FILES (13)	020604SL		7.00	16	6,616.			6,616.	1,103.		945.
141	EXECUTIVE CHAIR	071304SL		7.00	16	261.			261.	28.		37.
142	HIBACK CHAIR	091004SL		7.00	16	304.			304.	25.		43.
143	HIBACK CHAIR	120804SL		7.00	16	304.			304.	14.		43.
157	OFFICE FURNITURE	071905SL		7.00	16	2,600.			2,600.			248.
158	PICTURES	072005SL		7.00	16	1,100.			1,100.			105.
159	SIGNAGE	081105SL		7.00	16	8,601.			8,601.			819.
160	OFFICE FURNITURE	092205SL		7.00	16	3,922.			3,922.			280.
161	OFFICE FURNITURE	112205SL		7.00	16	3,867.			3,867.			184.
162	CHAIRS/SOFA/BOOKCASE	122105SL		7.00	16	4,423.			4,423.			158.
163	OFFICE FURNITURE (T. SCOTT)	022206SL		7.00	16	4,697.			4,697.			56.
164	SILK PLANTS & FLOWERS	030706SL		7.00	16	717.			717.			9.

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01-08-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2005 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
165	OFFICE FURNITURE * 990 PAGE 2 TOTAL FURNITURE & FIXTURES	031006	SL	7.00	16	1,102.			1,102.			13.
68	MACHINERY & EQUIPMENT (D)HP/6 LASER PRINTER (KIM'S)	101598	SL	5.00	16	998.		0.	69,636.	25,106.	0.	5,528.
78	(D)COMPUTER	040199	SL	5.00	16	1,259.			1,259.	1,259.		0.
82	PROJECTOR	021400	SL	5.00	16	7,724.			7,724.	7,724.		0.
83	SHREDDER	022200	SL	5.00	16	732.			732.	732.		0.
88	NETWORK COMPUTER	050700	SL	5.00	16	6,832.			6,832.	6,717.		115.
91	COMPUTER (SLOCUMB'S) (D)LAPTOP COMPUTER	080800	SL	5.00	16	1,439.			1,439.	1,344.		95.
92	(LEIBIG'S)	100200	SL	5.00	16	2,070.			2,070.	1,863.		207.
95	NETWORK BATTERY BACKUP LAPTOP COMPUTER	110200	SL	5.00	16	547.			547.	482.		65.
96	(SLOCUMB)	122001	SL	5.00	16	1,672.			1,672.	1,086.		334.
97	COMPUTER (SAM'S) LAPTOP (SAM) &	040301	SL	5.00	16	1,360.			1,360.	1,088.		272.
99	COMPUTER (GRIGNON)	052101	SL	5.00	16	3,562.			3,562.	2,730.		712.
100	COMPUTER (D'AMORE)	070201	SL	5.00	16	730.			730.	548.		146.
101	COMPUTER (RICH)	012402	SL	5.00	16	1,254.			1,254.	795.		251.
102	COMPUTER (SAM)	032301	SL	5.00	16	636.			636.	508.		128.
103	(D)OFFICE FURNITURE	091602	SL	7.00	16	5,076.			5,076.	1,813.		483.

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(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## 2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
104	COMPUTERS (2 - MARLAINA & CRISTINA)	102202SL		5.00	16	1,389.			1,389.	672.		278.
105	DIGITAL CAMERA	062002SL		5.00	16	963.			963.	530.		193.
106	FLAT SCREENS (EXEC STAFF)	082002SL		5.00	16	1,829.			1,829.	945.		366.
107	COMPUTER WORKSTATION	1111402SL		5.00	16	1,706.			1,706.	824.		341.
108	ANTIVIRUS (TREND)	1111402SL		5.00	16	1,658.			1,658.	802.		332.
109	LAPTOP (RICH)	1121102SL		5.00	16	1,990.			1,990.	929.		398.
110	LAPTOP (NULTON, M)	112502SL		5.00	16	1,567.			1,567.	730.		313.
111	COMPUTER (SAM)	112502SL		5.00	16	1,974.			1,974.	922.		395.
112	FLAT SCREEN (CRISTINA)	022603SL		5.00	16	627.			627.	260.		125.
113	(D) NETWARE 6.0 SOFTWARE	102202SL		5.00	16	1,626.			1,626.	786.		217.
114	(D) FIREWALL SOFTWARE	102202SL		5.00	16	1,070.			1,070.	517.		143.
115	LAPTOP (NULTON, D)	040102SL		5.00	16	1,388.			1,388.	834.		278.
118	FLATSCREEN MONITORS (2)	040303SL		5.00	16	1,045.			1,045.	418.		209.
119	FLATSCREEN MONITORS (2)	052303SL		5.00	16	1,923.			1,923.	706.		385.
120	FLATSCREEN MONITOR	081503SL		5.00	16	697.			697.	232.		139.
121	LAPTOP COMPUTER	082103SL		5.00	16	1,471.			1,471.	466.		294.
122	SERVER	101503SL		5.00	16	7,297.			7,297.	2,189.		1,459.
123	COMPUTERS (10)	1110103SL		5.00	16	10,917.			10,917.	3,093.		2,183.

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(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2005 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
124	PORTABLE GPS UNITS (3)	1111203SL		5.00	16	3,617.			3,617.	1,024.		723.
125	COMPUTER	010504SL		5.00	16	1,453.			1,453.	364.		291.
126	COMPUTER	010904SL		5.00	16	1,004.			1,004.	251.		201.
127	(D) MONITOR - 17"	020304SL		5.00	16	562.			562.	131.		75.
128	COMPUTER	020404SL		5.00	16	1,004.			1,004.	234.		201.
133	17" LCD FLATSCREEN MONITORS (2)	112003SL		5.00	16	1,505.			1,505.	401.		301.
134	DVR RECORDER	022504SL		5.00	16	259.			259.	56.		52.
135	(D) BLACKBERRY SPRINT TELEPHONE	062404SL		5.00	16	528.			528.	79.		70.
136	LAPTOP COMPUTER (CABRAL)	081404SL		5.00	16	1,935.			1,935.	258.		387.
137	MONITORS-17 INCH (2)	040704SL		5.00	16	1,172.			1,172.	234.		234.
138	LAPTOP (NISENSEN)	090104SL		5.00	16	1,413.			1,413.	165.		283.
139	(D) CELL PHONES (6)	082504SL		5.00	16	1,000.			1,000.	117.		133.
140	MONITOR - 17"	051104SL		5.00	16	502.			502.	92.		100.
144	HAND BINDING MACHINE	072804SL		5.00	16	272.			272.	36.		54.
145	INDEX MAKER	070104SL		5.00	16	421.			421.	63.		84.
147	COMPUTER	082205SL		5.00	16	1,190.			1,190.			139.
148	COMPUTERS (P.R.)	092205SL		5.00	16	668.			668.			67.
149	LAPTOP (JORDAN)	092205SL		5.00	16	1,341.			1,341.			134.

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01-06-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2005 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
150	SERVER	102005SL		5.00	16	27,144.			27,144.			2,262.
151	FAX/PRINTERS	102605SL		5.00	16	1,672.			1,672.			139.
152	REFRIGERATOR	102605SL		5.00	16	787.			787.			66.
153	COMPUTER	110205SL		5.00	16	813.			813.			68.
154	TELEVISIONS (3)	120805SL		5.00	16	1,097.			1,097.			73.
155	DELL COMPUTERS (2)	031006SL		5.00	16	1,870.			1,870.			31.
156	COMPUTER (SCOTT)	031006SL		5.00	16	1,059.			1,059.			18.
	* 990 PAGE 2 TOTAL					131,316.		0.	131,316.	49,047.	0.	17,042.
	MACHINERY & EQUIPMENT											
	TRANSPORTATION											
	EQUIPMENT											
146	2004 MAZDA MZ6	070104SL		5.00	16	24,827.			24,827.	3,724.		4,965.
	(NISENSEN)											
	* 990 PAGE 2 TOTAL					24,827.		0.	24,827.	3,724.	0.	4,965.
	TRANSPORTATION EQUIPME											
	OTHER											
129	WORDPERFECT SOFTWARE	110603SL		3.00	16	1,154.			1,154.	545.		385.
	(8 COPIES)											
130	WORDPERFECT SOFTWARE	111203SL		3.00	16	288.			288.	136.		96.
	(2 COPIES)											
131	MUMS 2000 SOFTWARE	120403SL		3.00	16	1,295.			1,295.	576.		432.
	* 990 PAGE 2 TOTAL					2,737.		0.	2,737.	1,257.	0.	913.
	OTHER											
	* 990 PAGE 2 TOTAL -					250,724.		0.	250,724.	95,146.	0.	30,916.
	* GRAND TOTAL 990 PAGE					250,724.		0.	250,724.	95,146.	0.	30,916.
	2 DEPR											

528102  
01-08-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990

RENTAL INCOME

STATEMENT 1

KIND AND LOCATION OF PROPERTY

ACTIVITY  
NUMBERGROSS  
RENTAL INCOME

1421 PRINCE STREET, ALEXANDRIA, VA

2

1,800.

TOTAL TO FORM 990, PART I, LINE 6A

1,800.

FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT      2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
MISC OFC FURNITURE	01/31/95	12/01/05	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,221.	0.	2,218.	-3.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
OFFICE FURNITURE	08/23/95	12/01/05	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	178.	0.	178.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
TELEPHONES	12/27/95	12/01/05	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	915.	0.	915.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
LASER PRINTER	10/15/98	12/01/05	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	998.	0.	998.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
OFFICE FURNITURE	01/08/99	12/01/05	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	533.	0.	526.	-7.



DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
OFFICE FURNITURE	12/15/98	12/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	756.	0.	756.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER	04/01/99	12/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,259.	0.	1,259.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CONFERENCE TABLE	05/30/00	12/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	5,233.	0.	4,113.	-1,120.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LEASEHOLD IMPROVEMENTS	05/01/00	12/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	18,855.	0.	17,548.	-1,307.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LAPTOP COMPUTER	10/02/00	12/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,070.	0.	2,070.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
OFFICE FURNITURE	09/16/02	12/01/05	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	5,076.	0.	2,296.	-2,780.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
NETWARE SOFTWARE	10/22/02	12/01/05	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,626.	0.	1,003.	-623.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
FIREWALL SOFTWARE	10/22/02	12/01/05	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,070.	0.	660.	-410.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER MONITOR	02/03/04	12/01/05	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	562.	0.	206.	-356.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LEASEHOLD IMPROVEMENTS	03/31/04	12/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	3,353.	0.	932.	-2,421.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
BLACKBERRY PDA/PHONE	06/24/04	12/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	528.	0.	149.	-379.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CELL PHONES (6)	08/25/04	12/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,000.	0.	250.	-750.

TO FM 990, PART I, LN 8	46,233.	0.	36,077.	-10,156.
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FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	3
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AFFILIATE'S NAMEAFFILIATE'S ADDRESS

AFL-CIO

815 16TH ST, NW, WASHINGTON, DC  
20006PURPOSE OF PAYMENTAMOUNT

DUES

227,914.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

OHIO AFL-CIO

395 E. BROAD STREET, SUITE 300,  
COLUMBUS, OH 43215PURPOSE OF PAYMENTAMOUNT

DUES

1,587.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

NORTH CAROLINA AFL-CIO

PO BOX 10805, RALEIGH, NC 27605

PURPOSE OF PAYMENTAMOUNT

DUES

770.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

NEW MEXICO FEDERATION OF LABOR

130 ALVARADO DRIVE NE, SUITE 200,  
ALBUQUERQUE, NM 87108PURPOSE OF PAYMENTAMOUNT

DUES

796.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

OKLAHOMA STATE AFL-CIO

501 NE 27TH STREET, OKLAHOMA CITY,  
OK 73105PURPOSE OF PAYMENTAMOUNT

DUES

1,553.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

LOS ANGELES CO FEDERATION OF LABOR

2130 W. JAMES M. WOODS BOULEVARD,  
LOS ANGELES, CA 90006PURPOSE OF PAYMENTAMOUNT

DUES

29,600.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

CENTRAL OKLAHOMA AFL-CIO

3400 SOUTH WESTERN AVENUE, OKLAHOMA  
CITY, OK 73109PURPOSE OF PAYMENTAMOUNT

DUES

333.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

NORTH DAKOTA AFL-CIO

1323 E. FRONT AVENUE, BISMARCK, ND  
58504PURPOSE OF PAYMENTAMOUNT

DUES

707.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

FLORIDA AFL-CIO

135 S. MONROE STREET, TALLAHASSEE,  
FL 32301PURPOSE OF PAYMENTAMOUNT

DUES

355.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

SOUTH FLORIDA AFL-CIO

7910 NW 25TH STREET, SUITE 201,  
NORTH MIAMI, FL 33122PURPOSE OF PAYMENTAMOUNT

DUES

90.

## AFFILIATE'S NAME

## AFFILIATE'S ADDRESS

NEW YORK STATE AFL-CIO

100 SOUTH SWAN STREET, ALBANY, NY  
12210

## PURPOSE OF PAYMENT

## AMOUNT

DUES

50.

TOTAL TO FORM 990, PART I, LINE 16

263,755.

FORM 990

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

STATEMENT 4

## DESCRIPTION

## AMOUNT

UNREALIZED GAIN ON TRUST ASSETS

43,556.

TOTAL TO FORM 990, PART I, LINE 20

43,556.

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COMPUTER EXPENSE	24,330.	10,053.	12,807.	1,470.
FIELD SERVICES	122,591.	122,591.		
FULL SERVICE PROGRAM	869,979.	869,979.		
INSURANCE	22,943.	9,480.	12,078.	1,385.
LEGISLATIVE EXPENSE	61,037.	61,037.		
PROFESSIONAL SERVICES	38,322.	38,322.		
PROMOTIONAL SUPPLIES	17,433.	17,433.		
PUBLIC RELATIONS	33,194.	33,194.		
SUBSCRIPTIONS & BOOKS	5,674.	5,674.		
TAXES - OTHER	7,508.		7,508.	
TEMPORARY HELP	91,312.	37,732.	48,067.	5,513.
REPAIRS & MAINTENANCE	9,759.	4,033.	5,137.	589.
BANK SERVICE CHARGES	5,485.		5,485.	
MOVING EXPENSES	104,366.		104,366.	
TOTAL TO FM 990, LN 43	1,413,933.	1,209,528.	195,448.	8,957.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SAMUEL CABRAL	138,647.	36,491.		175,138.
A. PROGRAM SERVICES	20,797.	7,298.		28,095.
B. MANAGEMENT AND GENERAL	103,985.	27,368.		131,353.
C. FUNDRAISING	13,865.	1,825.		15,690.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DENNIS SLOCUMB	129,704.	21,091.		150,795.
A. PROGRAM SERVICES	110,249.	18,982.		129,231.
B. MANAGEMENT AND GENERAL	12,970.	2,109.		15,079.
C. FUNDRAISING	6,485.			6,485.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TIMOTHY SCOTT	7,693.	0.	5,562.	13,255.
A. PROGRAM SERVICES	3,461.			3,461.
B. MANAGEMENT AND GENERAL	3,847.		5,562.	9,409.
C. FUNDRAISING	385.			385.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICHARD A. ESTES	123,903.	41,688.		165,591.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	117,708.	41,688.		159,396.
C. FUNDRAISING	6,195.			6,195.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RAYMOND BACH			800.	800.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			800.	800.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHN O'KEEFE			800.	800.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			800.	800.
C. FUNDRAISING				



<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
MICHAEL O'HARA			7,416.	7,416.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			7,416.	7,416.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
JIM MACULEWICZ			400.	400.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			400.	400.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
NELSON ECHEVARRIA HERNANDEZ			400.	400.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			400.	400.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DAVID SPAGNOLA			7,416.	7,416.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			7,416.	7,416.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PATRICK GOMEZ			800.	800.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			800.	800.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MICHAEL ZELLERS			400.	400.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			400.	400.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
CHRISTOPHER CIRCO			400.	400.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			400.	400.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
JIM ROBERTS			800.	800.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			800.	800.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
EDUARDO BUSQUET			400.	400.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			400.	400.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
FRED GALEY			6,798.	6,798.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			6,798.	6,798.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHN BALCERZAK			800.	800.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL			800.	800.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
AARON NISENSEN	133,161.	3,191.		136,352.
A. PROGRAM SERVICES	119,845.	2,872.		122,717.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	13,316.	319.		13,635.

TOTAL PROGRAM SERVICES				283,504.
TOTAL MANAGEMENT AND GENERAL				342,867.
TOTAL FUNDRAISING				42,390.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				668,761.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIPS	ERIN M. CHAPMAN	8311 MUDD LANE, PANAMA CITY, FL 32409	NONE	2,000.
SCHOLARSHIPS	MICHELLE R. VALENTINE	PO BOX 39, HARTWICK, NY	NONE	2,000.
SCHOLARSHIPS	ANNA J. FAHEY	4299 FAY ROAD, SYRACUSE, NY 13219	NONE	2,000.
SCHOLARSHIPS	KASEY MCCARTHY	108 COCASSET STREET, FOXBORO, MA 02035	NONE	2,000.
SCHOLARSHIPS	NICHOLAS A. BIZZARO	1525 INDIANA AVENUE, YORKTOWN HEIGHTS, NY 10598	NONE	2,000.
SCHOLARSHIPS	WILBUR K. HU	3606 HOLMES CIRCLE, HACIENDA HEIGHTS, CA 91745	NONE	1,000.
SCHOLARSHIPS	AMANDA SPORTSMAN	2640 WEST CAMINO DE LAS GRUTAS, TUCSON, AZ 85742	NONE	2,000.
CONTRIBUTION	HEROES, INC.	PO BOX 1860, WASHINGTON, DC 20013	NONE	1,000.
CONTRIBUTION	GONZAGA HIGH SCHOOL	1800 A DIAGONAL ROAD, ALEXANDRIA, VA 22314	NONE	600.
CONTRIBUTION	CONCERNS OF POLICE SURVIVORS	PO BOX 3199, S. HIGHWAY 5, CAMDENTON, MO	NONE	10,000.
CONTRIBUTION	WHITE PLAINS PBA SCHOLARSHIP FUND	77 S. LEXINGTON AVENUE, WHITE PLAINS, NY 10601	NONE	250.
CONTRIBUTION	OHIO TROOPERS DISTRICT 8 LODGE	967 CASRON DRIVE, LEBANON, OH 45036	NONE	200.
CONTRIBUTION	NATIONAL LAW ENFORCEMENT MEMORIAL FUND	2704 SHIP WHEEL DRIVE, NORTH MYRTLE BEACH, SC	NONE	27,500.

CONTRIBUTION	WORKING AMERICA	815 16TH STREET, NW, WASHINGTON, DC 20006	NONE	5.
CONTRIBUTION	POLICE OFFICER DEFENSE FUND, INC.	1840 NORTH FARWELL AVENUE, SUITE 400, MILWAUKEE, WI	NONE	1,000.
CONTRIBUTION	N. IRELAND CHILDREN'S ENTERPRISE	202 LAKE SHORE ROAD, PUTNAM VALLEY, NY 10579	NONE	1,000.
CONTRIBUTION	INSTITUTE FOR POLICE RESEARCH DISASTER RELIEF	1549 RINGLING BROTHER BOULEVARD, 6TH FLOOR,	RELATED NON-PROFIT ORGANIZATION	5,000.
CONTRIBUTION	HEARTS OF BLUE	27 CARROLTON ROAD, WEST ROXBURY, MA 02132	NONE	500.
CONTRIBUTION	HOPE	302 POMONA DRIVE, SUITE D, GREENSBORO, NC	NONE	1,000.
CONTRIBUTION	SUNCOAST FOUNDATION FOR THE HANDICAPPED	4620 17TH STREET, SARASOTA, FL 34235	NONE	5,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				66,055.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	8
DESCRIPTION		AMOUNT	
CONDOLENCES/FUNERAL EXPENSES FOR SLAIN OFFICERS		3,000.	
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.		1,980.	
TOTAL TO FORM 990, PART II, LINE 23		4,980.	

FORM 990	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	VALUATION METHOD	AMOUNT	
DEFERRED COMPENSATION TRUST	MARKET VALUE	584,242.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		584,242.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
DISPLAY FURNITURE & EQUIPMENT	3,312.	3,312.	0.
TYPEWRITER	594.	594.	0.
DISPLAY CASE	320.	320.	0.
CONFERENCE TABLE	647.	642.	5.
8 CHAIRS	1,068.	1,068.	0.
CONFERENCE ROOM SIDE TABLE	104.	104.	0.
OFFICE FURNITURE	1,192.	1,192.	0.
2 LATERAL 4-DRAWER FILES	840.	840.	0.
OFFICE FURNITURE	2,132.	2,109.	23.
PROJECTOR	7,724.	7,724.	0.
SHREDDER	732.	732.	0.
SOFA	1,807.	1,441.	366.
CONFERENCE ROOM CHAIRS	4,999.	3,987.	1,012.
DESK UNIT (RICHIE)	1,914.	1,479.	435.
NETWORK COMPUTER	6,832.	6,832.	0.
COMPUTER (SLOCUMB'S)	1,439.	1,439.	0.
NETWORK BATTERY BACKUP	547.	547.	0.
LAPTOP COMPUTER (SLOCUMB)	1,672.	1,420.	252.
COMPUTER (SAM'S)	1,360.	1,360.	0.
LAPTOP (SAM) & COMPUTER (GRIGNON)	3,562.	3,442.	120.
COMPUTER (D'AMORE)	730.	694.	36.
COMPUTER (RICH)	1,254.	1,046.	208.
COMPUTER (SAM)	636.	636.	0.
COMPUTERS (2 - MARLAINA & CRISTINA)	1,389.	950.	439.
DIGITAL CAMERA	963.	723.	240.
FLAT SCREENS (EXEC STAFF)	1,829.	1,311.	518.
COMPUTER WORKSTATION	1,706.	1,165.	541.
ANTIVIRUS (TREND)	1,658.	1,134.	524.
LAPTOP (RICH)	1,990.	1,327.	663.
LAPTOP (NULTON, M)	1,567.	1,043.	524.
COMPUTER (SAM)	1,974.	1,317.	657.
FLAT SCREEN (CRISTINA)	627.	385.	242.

LAPTOP (NULTON, D)	1,388.	1,112.	276.
FURNITURE (GEN COUNSEL)	2,357.	730.	1,627.
LATERAL FILES (13)	6,616.	2,048.	4,568.
FLATSCREEN MONITORS (2)	1,045.	627.	418.
FLATSCREEN MONITORS (2)	1,923.	1,091.	832.
FLATSCREEN MONITOR	697.	371.	326.
LAPTOP COMPUTER	1,471.	760.	711.
SERVER	7,297.	3,648.	3,649.
COMPUTERS (10)	10,917.	5,276.	5,641.
PORTABLE GPS UNITS (3)	3,617.	1,747.	1,870.
COMPUTER	1,453.	655.	798.
COMPUTER	1,004.	452.	552.
COMPUTER	1,004.	435.	569.
WORDPERFECT SOFTWARE (8 COPIES)	1,154.	930.	224.
WORDPERFECT SOFTWARE (2 COPIES)	288.	232.	56.
MUMS 2000 SOFTWARE	1,295.	1,008.	287.
17" LCD FLATSCREEN MONITORS (2)	1,505.	702.	803.
DVR RECORDER	259.	108.	151.
LAPTOP COMPUTER (CABRAL)	1,935.	645.	1,290.
MONITORS-17 INCH (2)	1,172.	468.	704.
LAPTOP (NISENSEN)	1,413.	448.	965.
MONITOR - 17"	502.	192.	310.
EXECUTIVE CHAIR	261.	65.	196.
HIBACK CHAIR	304.	68.	236.
HIBACK CHAIR	304.	57.	247.
HAND BINDING MACHINE	272.	90.	182.
INDEX MAKER	421.	147.	274.
2004 MAZDA MZ6 (NISENSEN)	24,827.	8,689.	16,138.
COMPUTER	1,190.	139.	1,051.
COMPUTERS (P.R.)	668.	67.	601.
LAPTOP (JORDAN)	1,341.	134.	1,207.
SERVER	27,144.	2,262.	24,882.
FAX/PRINTERS	1,672.	139.	1,533.
REFRIGERATOR	787.	66.	721.
COMPUTER	813.	68.	745.
TELEVISIONS (3)	1,097.	73.	1,024.
DELL COMPUTERS (2)	1,870.	31.	1,839.
COMPUTER (SCOTT)	1,059.	18.	1,041.
OFFICE FURNITURE	2,600.	248.	2,352.
PICTURES	1,100.	105.	995.
SIGNAGE	8,601.	819.	7,782.
OFFICE FURNITURE	3,922.	280.	3,642.
OFFICE FURNITURE	3,867.	184.	3,683.
CHAIRS/SOFA/BOOKCASE	4,423.	158.	4,265.
OFFICE FURNITURE (T. SCOTT)	4,697.	56.	4,641.
SILK PLANTS & FLOWERS	717.	9.	708.
OFFICE FURNITURE	1,102.	13.	1,089.
TOTAL TO FORM 990, PART IV, LN 57	204,491.	89,985.	114,506.



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FORM 990	OTHER LIABILITIES	STATEMENT 11
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DESCRIPTION	AMOUNT
DEFERRED COMPENSATION	584,242.
PENSION PLAN PAYABLE	0.
DUE TO AFFILIATE	21,769.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	606,011.

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FORM 990	OTHER SECURITIES	STATEMENT 12
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CERTIFICATE OF DEPOSIT-DESIGNATED	FMV	113,471.
TO FORM 990, LINE 54, COL B		113,471.

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FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SAMUEL A CABRAL 1549 RINGLING BOULEVARD, 6TH FLOOR SARASOTA, FL 34236	INTL PRESIDENT 40.00	138,647.	36,491.	0.
DENNIS SLOCUMB 1549 RINGLING BOULEVARD, 6TH FLOOR SARASOTA, FL 34236	INTL VICE-PRESIDENT 40.00	129,704.	21,091.	0.
RICHARD A ESTES 1549 RINGLING BOULEVARD, 6TH FLOOR SARASOTA, FL 34236	INTL SECRETARY-TREASURER 40.00	123,903.	41,688.	0.
TIMOTHY SCOTT 1549 RINGLING BOULEVARD, 6TH FLOOR SARASOTA, FL 34236	INTL SECRETARY-TREASURER 40.00	7,693.	0.	5,562.
PAT FRANTZ 901 SOUTH I STREET TACOMA, WA 98405	BOARD MEMBER 1.00	0.	0.	0.
JOSEPH BOURGEOIS 11920 PHEASANTWOOD DRIVE BAKER, LA 70714	BOARD MEMBER 1.00	0.	0.	0.
RAYMOND BACH 333 EDWIN DRIVE VIRGINIA BEACH, VA 23462	BOARD MEMBER 1.00	0.	0.	800.
JOHN O'KEEFE 4 WALTIE COURT WEST BABYLON, NY 11704	BOARD MEMBER 1.00	0.	0.	800.
MICHAEL O'HARA 27 GRAPESHOT ROAD SHARON, MA 02067	BOARD MEMBER 1.00	0.	0.	7,416.
JIM MACULEWICZ 4306 E MAPLEWOOD WAY CENTENNIAL, CO 80121	BOARD MEMBER 1.00	0.	0.	400.
NELSON ECHEVARRIA HERNANDEZ PO BOX 190684 SAN JUAN, PR 00919	BOARD MEMBER 1.00	0.	0.	400.

DAVID SPAGNOLA 302 D POMONA DRIVE GREENSBORO, NC 27410	BOARD MEMBER 1.00	0.	0.	7,416.
PATRICK GOMEZ 4342 VISTA PLACE LA CANADA, CA 91011	BOARD MEMBER 1.00	0.	0.	800.
MICHAEL ZELLERS 116 E TAMARACK MCALLEN, TX 78501	BOARD MEMBER 1.00	0.	0.	400.
CHRISTOPHER CIRCO 13445 CRYER AVENUE OMAHA, NE 68144	BOARD MEMBER 1.00	0.	0.	400.
JIM ROBERTS 6161 BUSCH BOULEVARD #130 COLUMBUS, OH 43229	BOARD MEMBER 1.00	0.	0.	800.
EDUARDO BUSQUET PO BOX 600124 NORTH MIAMI BEACH, FL 33160	BOARD MEMBER 1.00	0.	0.	400.
DWAYNE JOSEPH 901 SOUTH I STREET TACOMA, WA 98405	BOARD MEMBER 1.00	0.	0.	0.
FRED GALEY 201 LAS VEGAS BOULEVARD, SUITE 250 LAS VEGAS, NV 89101	BOARD MEMBER 1.00	0.	0.	6,798.
JOHN BALCERZAK 1840 N. FAREWELL AVENUE, SUITE 400 MILWAUKEE, WI 53202	BOARD MEMBER 1.00	0.	0.	800.
AARON NISENSEN 1549 RINGLING BOULEVARD, 6TH FLOOR SARASOTA, FL 34236	GENERAL COUNSEL 40.00	133,161.	3,191.	0.

TOTALS INCLUDED ON FORM 990, PART V

533,108. 102,461. 33,192.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT 14
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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
INSTITUTE FOR POLICE RESEARCH	X	
LAW ENFORCEMENT POLITICAL ACTION COMMITTEE (LEPAC)	X	
INT'L UNION OF POLICE ASSOCIATIONS-FLORIDA LOCAL 6000	X	
US SECRET SERVICE UNIFORMED DIVISION OFFICERS ASSOCIATION	X	

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FORM 990	LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90	STATEMENT 15
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STATES

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, KS, KY, LA, MD, MA, MI, MS, MO, NJ, NY, NC, ND, OH  
OK, RI, SC, TN, TX, UT, VA, WA, WV, WI

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FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 16
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
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93A	BENEFITS CONFERENCE HELD IN MARCH, 2006 FOR MEMBERS.
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94	KEEP MEMBERS INFORMED OF THE LATEST TECHNIQUES IN THE FIELD OF LAW ENFORCEMENT TO MAKE THEM BETTER OFFICERS AND PROVIDE IMPROVED PUBLIC SAFETY
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**Depreciation and Amortization** 990  
(Including Information on Listed Property)

OMB No 1545-0172

**2005**

Attachment  
Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

INTERNATIONAL UNION OF POLICE  
ASSOCIATIONS, AFL-CIO

Business or activity to which this form relates

FORM 990 PAGE 2

Identifying number

52-1139564

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	30,916.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	30,916.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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**Part V****Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2005 tax year:					
<b>43</b> Amortization of costs that began before your 2005 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>